Beyond the Numbers: Access to Reproductive Health Care for Low-Income Women in Five Communities

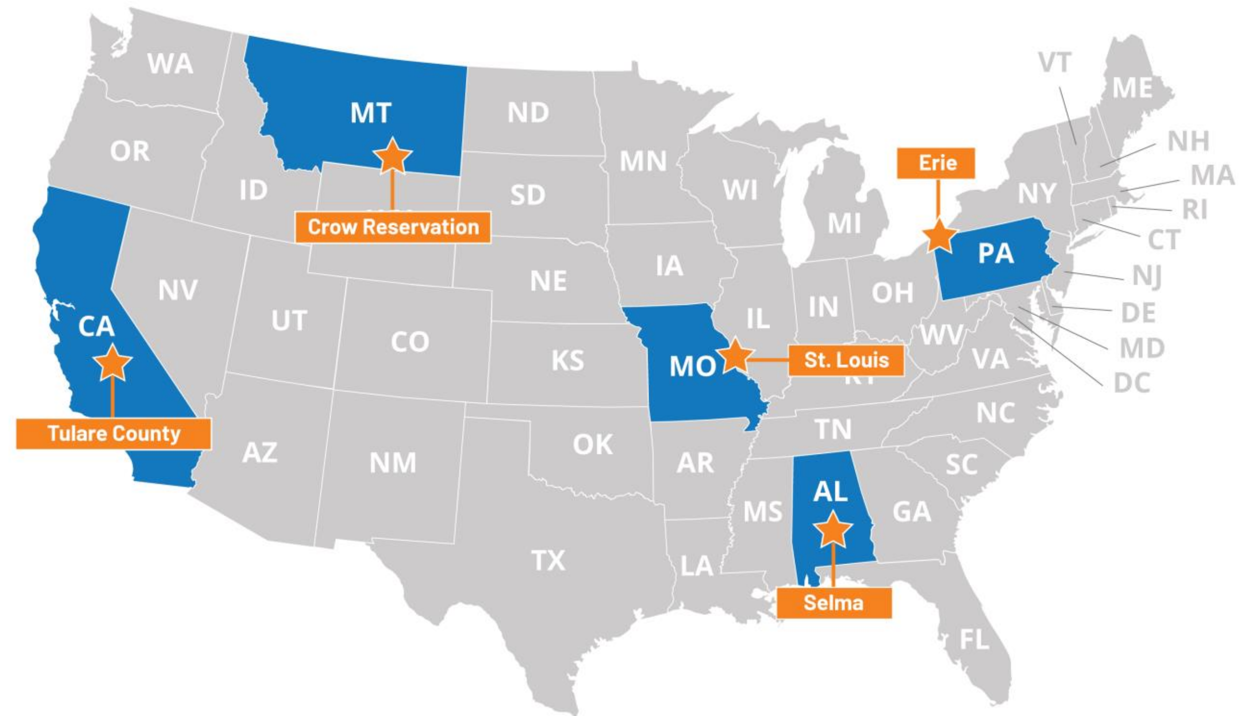
Alina Salganicoff, Ph.D.
Senior Vice President, Women's Health Policy, KFF

November 14, 2019

Filling the need for trusted information on national health issues.

Beyond the Numbers: Project Overview

- On-the-ground perspective in different communities to better understand how access to reproductive health care services is shaped by local, state, and federal policies as well as cultural and community factors
- The study focused on:
  - Family planning services including contraception and STIs
  - Abortion care
  - Maternity services
- Particular attention to low-income women with Medicaid or uninsured in medically-underserved communities with a mix of demographics, cultural characteristics, and health care policies
- Identify promising practices to expand availability of care and better support women in obtaining reproductive health services



KFF
HENRY J KAISER FAMILY FOUNDATION

Acknowledgements: Many thanks to our project partners

- **Health Management Associates (HMA)**
  - Sharon Silow-Carroll, Carrie Rosenzweig, Diana Rodin, Rebecca Kellenberg
- **Perry Undem Research/Communication**
  - Naomi Kolb, Michael Perry, and Tresa Undem
- **Interviewees and Focus Group Participants**

KFF
HENRY J KAISER
FAMILY FOUNDATION

Beyond the Numbers: Access to Reproductive Health Care for Low-Income Women in Five Communities

Usha Ranji, M.S.
Associate Director, Women's Health Policy, KFF

November 14, 2019

Filling the need for trusted information on national health issues.

Methods

- **Site selection**
  - Development of criteria; background research with wide variety of informants, including clinicians, community-based organizations, researchers

- **Questionnaire development**
  - A structured interview questionnaire was developed to gain information about the provision of and access to family planning and maternity services; provider supply and closures; sex education; support for domestic violence and mental health needs; abortion access and availability
  - A focus group guide was developed to assess women's experiences, health needs and desires for the range of reproductive health services

- **Site visits and follow up interviews were conducted March through September 2019**
  - Interviews with local health care clinicians and clinic managers, local public health and health policy officials, community-based organizations and women's health advocates, and researchers
  - Focus groups of low-income, women ages 18-40 living in the community; All conducted in English, except Tulare County, which was conducted in Spanish; incentive payment and guaranteed anonymity

SOURCE: KFF. *Beyond the Numbers: Access to Reproductive Health Care for Low-Income Women in Five Communities*, 2019.

Selma and Dallas County, Alabama

- One of 18 counties comprising the largely rural, agricultural Black Belt region of Alabama
- Selma, the largest town in Dallas County, is majority African American (77%) and faces high poverty (39% live below federal poverty line (FPL)), unemployment, and poor health outcomes
- Alabama has not expanded Medicaid and has extremely low Medicaid income eligibility limits (18% FPL for parents)
- 17% of Dallas County elderly adults uninsured in 2017
- Several community hospitals have closed in recent years, leaving one hospital in Selma with the only obstetric delivery services in the seven-county region.
- Churches are central pillars of community life, and many have strict beliefs about reproductive health and tend to oppose abortion

SOURCE: KFF. *Beyond the Numbers: Access to Reproductive Health Care for Low-Income Women in Five Communities*, 2019.

KFF
HENRY J KAISER
FAMILY FOUNDATION

Tulare County, California

- Sits in Central Valley of California, the heart of the state's agricultural region
- The majority of population is concentrated in a few small cities in otherwise sparsely populated county
- 70% reproductive age women are Latinx and 56% low-income
- County has among the highest teen pregnancy rates in the state and has experienced rise in STI rates
- More politically and socially conservative than many parts of the state
- Medicaid expansion has led to a significant drop in the uninsured rate across the state
- California has policies and laws that support abortion and contraceptive access and has a robust Medicaid-funded family planning program

SOURCE: KFF. *Beyond the Numbers: Access to Reproductive Health Care for Low-Income Women in Five Communities*, 2019.

KFF
HENRY J KAISER FAMILY FOUNDATION

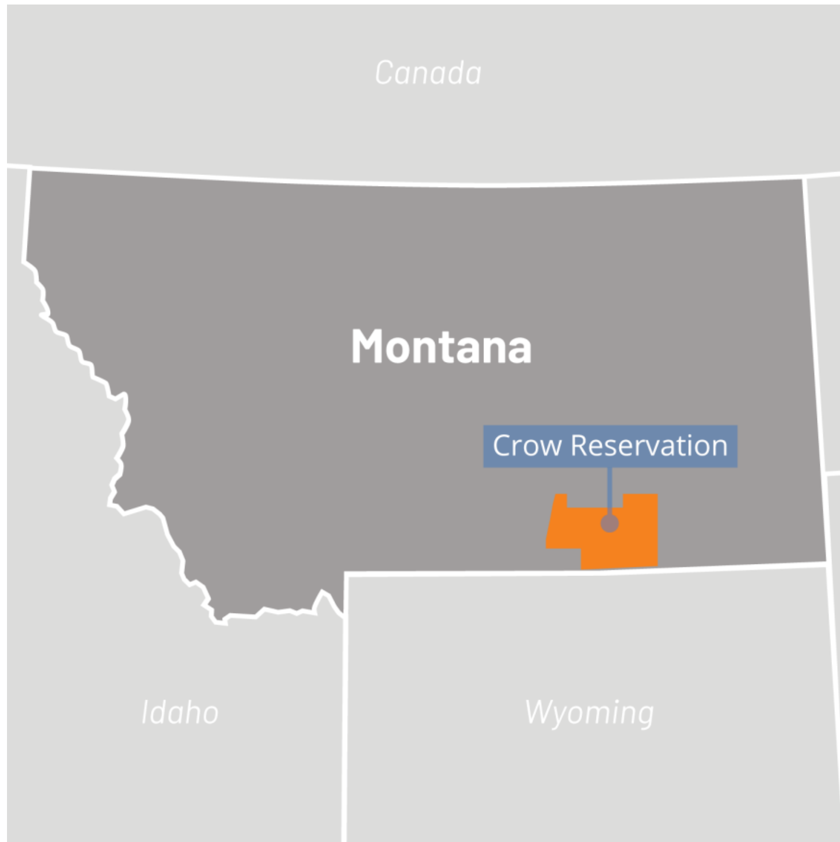
St. Louis City and St. Louis County, Missouri

- The St. Louis metropolitan area is highly segregated and there are deep health disparities between Black and White residents
- In recent years, several family planning providers have closed and the region has a high teen pregnancy rate
- Missouri has not expanded Medicaid eligibility under the ACA and 14% of reproductive age women are uninsured in the city and 8% in the county
- St. Louis has a large Catholic population and concentration of Catholic-affiliated health providers
- State laws and regulatory policies put Missouri at risk of becoming the first state with no operating abortion clinic

SOURCE: KFF. *Beyond the Numbers: Access to Reproductive Health Care for Low-Income Women in Five Communities*, 2019.

KFF
HENRY J KAISER FAMILY FOUNDATION

The Crow Tribal Reservation, Montana



- Geographically, the largest Native American reservation in Montana, home to approximately 8,000 members of Crow Nation, about 75% of the total enrolled membership.
- The community experiences high unemployment and poverty rates and stark health disparities between the White and Native American populations persist.
- The Crow Tribal Council governs the Nation, and Indian Health Services (IHS) is responsible for providing care, although other coverage options and providers also utilized
- Montana has expanded Medicaid and women have reproductive health services through Medicaid and a family planning Medicaid waiver
- In some parts of the reservation, the nearest provider is an hour drive away, and there are not many public transportation options

SOURCE: KFF. *Beyond the Numbers: Access to Reproductive Health Care for Low-Income Women in Five Communities*, 2019.

KFF
HENRY J KAISER
FAMILY FOUNDATION

Erie County, Pennsylvania

- In NW Pennsylvania on the shore of Lake Erie; 40% of reproductive-age women are low-income and 83% are white.
- The city of Erie has a relatively strong health care safety net that includes family planning services; local delivery system is working to meet the needs of a relatively large population of refugees and immigrants
- Pennsylvania expanded Medicaid under the ACA and among reproductive age women in Erie County, 30% are covered by Medicaid and 7% are uninsured
- Erie County is more politically conservative than the city of Erie
- The Roman Catholic Diocese of Erie and the large Catholic population in the region influence both the health care and educational systems.

.

SOURCE: KFF. *Beyond the Numbers: Access to Reproductive Health Care for Low-Income Women in Five Communities*, 2019.

KFF
HENRY J KAISER FAMILY FOUNDATION

Cultural and Social Determinants of Health

- Poverty, cultural factors, and social determinants have considerable impact on women's ability to prioritize, afford, and get to family planning or abortion services

- Residual effects of trauma and historical abuses persist in some communities and highlight need for cultural competency

- Immigration-related fears stop some from enrolling in public programs they qualify for

- Importance of integrating SDOH factors in care, including co-location of services, trauma-informed care, and sexual assault nurse examiners

"Social determinants of health play a big role. If they don't have food in the fridge, they will not be worrying about birth control; that's the last thing on their list." -Health Department staff, Dallas County, AL

"If you ask for public assistance while your documents are being processed, they are not going to give you your legal status. …they are going to see and think 'these people are going to be a public burden.'" -Focus group participant, Tulare County, CA

"Due to our cultural ways and strong values for life, most Crow people may not actively engage in family planning. However, there are some families especially from our younger generations who do family planning, which I feel is wise because of today's economy." -Alma McCormick, Executive Director, Messengers for Health

"People [think] that if they seek benefits they may be deported…We know through word of mouth in the community people may not be coming [for services] because of that." -Debora Jamison, Director, Erie County WIC

SOURCE: KFF. *Beyond the Numbers: Access to Reproductive Health Care for Low-Income Women in Five Communities*, 2019.

Coverage

- Interviewees readily identified Medicaid expansion's role in extending coverage and access to family planning services for women across their lifespans
- Medicaid offers revenue and financial strength for providers
- In non-expansion states, women and providers spoke of missed opportunities to extend coverage and strengthen safety-net
- Eliminating pre-authorization for certain contraceptive methods, increasing provider reimbursement and participation, and improving connections to Medicaid-funded family planning programs

"The lack of expansion of Medicaid is the single greatest factor [affecting access to family planning services] beyond a shadow of a doubt." -Felecia Lucky, President, Black Belt Community Foundation, Selma, AL

"Medicaid expansion has had a large impact for women here." -Lucille Other Medicine, Program Assist., Messengers for Health, Crow reservation, MT

"You can't optimize someone's health care in nine months." -Dr. Melissa Tepe, VP/CMO, Affinia Healthcare, St. Louis, MO

"There are women in my state who only have coverage when they are children, pregnant, or turn 65. If we're serious about saving lives, we would not let so many women of childbearing age to fall into the Medicaid gap." -Terri Sewell, U.S. Rep. (AL-07)

"In a state with high rates of maternal mortality and unintended pregnancy, [lack of Medicaid expansion] undermines women's ability to have LARC if she wants it." -Ob-Gyn at a St. Louis hospital

SOURCE: KFF. *Beyond the Numbers: Access to Reproductive Health Care for Low-Income Women in Five Communities*, 2019.

Provider Supply and Distribution

- In most communities, range of contraceptive services available for low-income women, but distribution of providers not equal in all areas
- Faith-based health systems may not offer the full range of services, but some individual providers will refer patients
- Long travel distances and limited transportation, especially in large, rural areas
- Challenges with recruitment and retention of clinical staff create access barriers for women
- Need for female clinicians, consistent translation services, and culturally-concordant care was raised at many sites
- Some areas exploring promise of telemedicine, but less focused on reproductive care

"Certain hospitals won't even allow [tubal ligation] …So you can't have it there, so if you want your doctor to do it you have to find a way for your doctor to do it at another facility that will allow it to happen." -Focus group participant, St. Louis, MO

"In a lot of rural counties, they weren't talking about HIV care. Now they are [with telemedicine]. They know that services are available and nearby." -Medical Advocacy and Outreach staff, Dallas County, AL

"Some providers are very proactive about providing language services, and others bend the rules to get around the standards."
-Interviewee, Erie, PA

SOURCE: KFF. *Beyond the Numbers: Access to Reproductive Health Care for Low-Income Women in Five Communities*, 2019.

KFF
HENRY J KAISER
FAMILY FOUNDATION

Sex Education

- Interviewees in all five communities emphasized the need for comprehensive sex and STI education
- Abstinence-based education prevalent in some communities with lots of variation between districts
- Discussion of sexual health topics is limited in some communities and regions due to cultural norms
- A lack of information was said to leave many girls and women uninformed or misinformed about reproductive health care, contraceptive options, and how to access services

“Women are bombarded with a wealth of misinformation so it’s hard to know what is true and whom to trust.” -Michelle Trupiano, Executive Director, Missouri Family Health Council, Inc.

“Health literacy about puberty, menstruation and birth control is a big barrier, and many young women do not know they can be their own advocates.” -Nona Main, former Health Educator, Planned Parenthood of Montana

“It’s being where we are, in the Bible belt. It’s not educating people. Someone this past week who has had four previous abortions, she still asked me if this abortion will cause her to be infertile. Patients don’t know what they have access to.” -June Ayers, Director, RHS, Selma, AL

SOURCE: KFF. *Beyond the Numbers: Access to Reproductive Health Care for Low-Income Women in Five Communities*, 2019.

KFF
HENRY J KAISER FAMILY FOUNDATION

Abortion Environment

- Abortion was difficult to access in all of the communities
- Policy restrictions, such as those in Missouri, Alabama, and Pennsylvania (mandated counseling and waiting periods; barring insurance coverage for abortions) dissuade providers from offering services and raise costs
- Policy affects public perception – some incorrectly thought abortion was "illegal" in their communities
- Anti-abortion beliefs and stigma also raised as barriers in Montana and California, states without policy restrictions

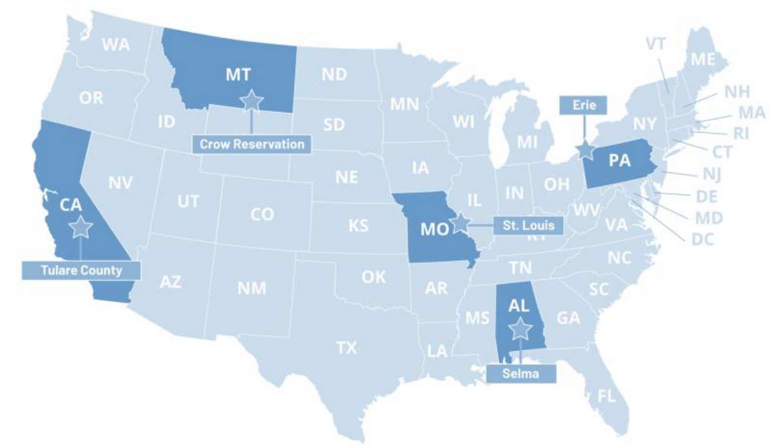
"I've seen clinics close. I used to have a Planned Parenthood down the way from me and it's gone. I don't know, I can't even tell you how long it's been gone now, I couldn't tell you where the closest one is, if I needed to go to one."
-Focus group participant, St. Louis, MO

"You ain't gonna get [an abortion] here, not in Selma."
-Focus group participant, Selma, AL

"There may not be any [abortion] providers in western Pennsylvania at all – not a welcoming atmosphere for an abortion clinic. It's been the reality here for so long, so most people don't think about it unless you are in that situation. It's a very Catholic area. Less so now, but those cultural norms have stayed." –Interviewee, Erie, PA

SOURCE: KFF. *Beyond the Numbers: Access to Reproductive Health Care for Low-Income Women in Five Communities*, 2019.

Looking Forward



- **Dallas County (Selma), AL**
  - Telemedicine networks to address transportation and distance barriers
  - Community-based abortion support services
- **Tulare County, CA**
  - Domestic Violence High Risk Team works with law enforcement to prevent deaths from intimate partner violence
  - Using Title X funds to support integration of family planning counseling with primary care and *Promotoras* to conduct screenings and counseling at agricultural sites
- **St. Louis, MO**
  - Teen-friendly health care and case management to address social determinants of health
  - Landmark study on contraception evolved into a safety-net clinic, but at risk of losing funding under new Title X regulations
- **Crow reservation, MT**
  - Maternal Child Health Coordinator at IHS hospital to strengthen perinatal services for Native women
  - Training community members to provide culturally appropriate health education and outreach
- **Erie County, PA**
  - Medicaid expansion has improved coverage and provided resources for clinics
  - Local FQHC providing free transportation to and from appointments using ride-share apps

SOURCE: KFF. *Beyond the Numbers: Access to Reproductive Health Care for Low-Income Women in Five Communities*, 2019.

KFF
HENRY J KAISER
FAMILY FOUNDATION

Thank you.